

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>45</i>	<i>10/21</i>
FORMALITY REVIEW	<i>[Signature]</i>		<i>1-21-00</i>

INDEX OF CLAIMS

✓ Rejected	N Non-elected
□ Allowed	I Interference
-	(Through numeral) Canceled	A Appeal
+ Restricted	O Objected

Claim		Date	
Final	Original		
1	2/3/03		
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Claim		Date	
Final	Original		
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Claim		Date	
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If more than 150 claims or 10 actions
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Best Available Copy